

Add Dependent



King County

Benefits and Retirement
Operations

- Submit this form *within 30 days* of the qualifying event (or sooner) to Benefits and Retirement Operations, New County Office Building MLK-ES-0240, 401 Fifth Ave., Seattle 98104-2333, or fax it to 206-296-7700.
- If you fail to submit this form within 30 days (within 60 days for a newborn or adopted child), you will not be able to add the dependent until the next open enrollment.
- You might also need to submit Affidavit of Marriage/ Domestic Partnership, Life/AD&D Change and beneficiary designation forms.
- Questions? Go to www.metrokc.gov/employees/benefits, e-mail kc.benefits@kingcounty.gov or call 206-684-1556.

Indicate the event that qualifies adding your family member at this time

- ☐ Marriage (attach copy of marriage certificate or Affidavit of Marriage/Domestic Partnership)
- ☐ Establishment of domestic partnership (attach Affidavit of Marriage/Domestic Partnership)
- ☐ Birth (you have up to 60 days to add newborn for health coverage but only 30 days if adding for enhanced life/AD&D)
- ☐ Adoption (attach documentation)
- ☐ Legally designated ward (attach documentation)
- ☐ Loss of other coverage (describe other coverage, who provided it and date it ended) _____

Provide information about your family member

- Relationship to you ☐ Spouse ☐ Domestic partner (DP) ☐ Biological/step child ☐ DP's child ☐ Adopted child ☐ Legal ward
- Name _____
- Soc Sec No _____
- Birth date _____ ☐ Male ☐ Female
- If spouse/domestic partner, is he/she county employee, too? ☐ Yes ☐ No

Indicate the benefits you want your family member to have

Because of your qualifying event, you may:

- Add dependents for health coverage
- Add supplemental life insurance for dependents and add or increase supplemental life insurance for yourself
- Add supplemental accidental death and dismemberment (AD&D) insurance for dependents if you already have supplemental AD&D for yourself.

Please check all that apply:

- ☐ Add health coverage for dependents (medical, dental and vision)
- ☐ Increase your supplemental life insurance (complete a Life/AD&D Change form)
- ☐ Add supplemental life insurance for yourself (complete a Life/AD&D Change form)
- ☐ Add supplemental life insurance for dependents if you have supplemental life insurance for yourself (complete a Life/AD&D Change form)
- ☐ Increase your supplemental AD&D insurance (complete a Life/AD&D Change form)
- ☐ Add supplemental AD&D insurance for dependents if you have supplemental AD&D insurance for yourself (complete a Life/AD&D Change form)

If you're in the part-time Local 587 Partial Benefits Plan, you may add a family member for all or part of the health coverage you purchase for yourself. Contact Benefits and Retirement Operations at 206-684-1556 for your options, then indicate your family member's coverage:

(over)

Benefit Access Fee

Employees pay a \$35/month benefit access fee for covering a spouse/domestic partner on county medical insurance unless they qualify for an exception. To indicate whether or not you qualify for an exception, you must elect one of the following options for 2007. By checking an option, you affirm that the statement is true.

Please note that you will need to go online during open enrollment every year to make the appropriate election that reflects your status for the following year.

For the current year, I make the following election:

☐ Opt Out or No SP/DP – \$0

I am either opting out or do not have a spouse or domestic partner. I understand I will not be charged a benefit access fee.

☐ No Coverage for SP/DP – \$0

I choose not to cover my spouse or domestic partner with King County medical benefits. I understand I will not be charged a benefit access fee.

☐ SP/DP is a KC Employee – \$0

My spouse or domestic partner is a King County benefit-eligible employee. I understand I will not be charged a benefit access fee.

☐ SP/DP Benefit Access Fee – \$35

My spouse or domestic partner has access to medical coverage through his/her employer; however, I choose to cover my spouse through King County and will pay the \$35 monthly access fee.

☐ SP/DP No Access to Health – \$0

My spouse or domestic partner is either not employed or his/her employer does not offer medical coverage to employees in his/her classification. I understand I will not be charged a benefit access fee.

Authorize your change

This information is true, correct and complete, and amends previously submitted information. I authorize King County to make any payroll deductions or refunds resulting from my requested change. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. If I'm adding a domestic partner and/or a domestic partner's children, I understand deductions based on the taxable value of their benefits will be deducted from my paycheck retroactive to the date the coverage begins.

Employee signature _____

Date signed _____

Printed name _____

Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday

PeopleSoft Employee ID _____

Office use only	Date received	Processed by	Audited by	Date effective